(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s	, Rosemary N	1. Heard	/CATA
II. Name of lobbyist's	partnership, firm or corporation, if a AVEA TNUST FO	ny: r (ommuni	ty Housin
(Nam	ne of partnership, firm or corporation)		
•		(= ····-)	()
(1003) 225-8 (Telephone)	3835 (603) 225- (Fax	8040 _{c-mail} vneard	<u>lecatonhous</u>
	vers: (Choose one – file separate repo ansactions which are not attributable		le a separate report for
All reportable trans	sactions occurring in the months prior to	the reporting date relative to the fol	llowing client:
concord	Area Trust for		Housing (CAT
OR	(Full Name of Client as it appears on the Lo	obbyist Registration Form)) (
All reportable transcurrelated to any particu	actions by the lobbyist (including the lob ular client.	obyist's family), or the lobbying firm	n listed below which are
IV. Date of Report Reports cover: activi	April 25, 2018 ty from date of registration to 3/31/18	July 25, 2018 Acativity from 4/1/18 to 6/30/18	
	October 31, 2018 activity from 7/1/18 to 9/30/18	January 30, 2019 activity from 10/1/18 to 12/31/18	
	no fees received and no reportable complete just this form and submit it to the		
	al reports are attached:		
 If you have received fees or made expenditures, you must file Addendum A− Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B− Report of Honorariums or 			
Expense Reimburseme	nt	•	
LJ If you, your firm, c	or your family has made political contrib	utions, you must file Addendum C	- Political Contributions
Sworn Statement/Affi I have read RSA 15, RS and complete to the bes	rmation by Lobbyist SA 15-B, RSA 14-C and RSA 664 and h st of my knowledge and belief.	ereby swear or affirm that the foreg	oing information is true
(Signature of lobbyist)	Marau	7 24 2018	
RD(PMAN	J. M. Heard	(Date)	